

**Department of California Highway Patrol**  
**AREA MANAGEMENT EVALUATION**  
 Chapter 10  
 UNIFORM AND EQUIPMENT INSPECTION

Area  
147

Division  
Northern

Number

Evaluated By : Captain Frank Parrish

Date  
08/13/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal		Suspense Date
Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report by _____	<i>Frank Parrish Jr.</i> 8/27/2008 _____ Commander's Review Date

**1. PERSONNEL INSPECTION**

Evaluated  
☒

Action Required  
☐

Corrected  
☐

a. Do employees maintain a high standard of appearance?

☒ Yes ☐ No

b. Conduct a formal inspection (Annex B).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms?

☒ Yes ☐ No

**2. WEAPONS INSPECTION**

Evaluated  
☒

Action Required  
☐

Corrected  
☐

a. Are primary weapons inspected semi-annually?

☒ Yes ☐ No

(1) Are deficiencies corrected within 30 days?

☒ Yes ☐ No

(2) Are temporary replacement weapons readily available from Division?

☒ Yes ☐ No

(3) Are all weapons listed on CHP 4 or CHP 81?

☒ Yes ☐ No

b. Is there a record maintained on employees authorized to carry off-duty and secondary weapons?

☒ Yes ☐ No

(1) Are weapons inspected on initial approval to carry, and annually on CHP 311?

☒ Yes ☐ No

(2) Are officers demonstrating proficiency with weapons as required?

☒ Yes ☐ No

c. Are serial numbers physically verified by the commander or his/her designee every other year?

☒ Yes ☐ No

(1) When was the last audit conducted?

(2) Was the printout returned to the Academy Weapons Control Unit by April 15 of the inventoried year?

☒ Yes ☐ No

**COMMENTS Section 2 will be completed during the annual Chapter 17 inspection.**

## **M e m o r a n d u m**

Date: October 8, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Redding Area

File No.: 135.11279

Subject: CATEGORY 10 INSPECTION

On October 8, 2008, the Redding Area Commander, Captain Jerry Godnick, conducted a formal Category 10 Inspection. The designated uniform for this inspection was the departmental utility uniform. No discrepancies were noted.

Please contact me or Lieutenant Todd Garr at (530) 242-3200, should you have any questions.



T. A. MORRISON, Lieutenant  
Acting Commander

**M e m o r a n d u m**

Date: October 8, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Redding Area

File No.: 135.11279

Subject: CATEGORY 10 INSPECTION

On October 7, 2009, the Northern Division Commander, Chief Chris Jenkins, conducted a formal Category 10 Inspection. The designated uniform for this inspection was the optional summer short-sleeve shirt and hat. Chief Jenkins made numerous laudatory remarks regarding uniform appearance and maintenance of respective officer safety equipment. No uniform discrepancies were noted.

At the conclusion of the inspection, Chief Jenkins held a briefing to update uniformed personnel regarding current departmental issues and concerns. He concluded his inspection by visiting all other Area personnel (e.g., clerical unit, dispatch center, janitorial and Special Duty personnel). He conveyed his genuine regard and appreciation for the respective duties each of them perform, and thanked them for their continued professionalism.

Please contact me or Lieutenant Todd Garr at (530) 242-3200, should you have any questions.



T. A. MORRISON, Lieutenant  
Acting Commander

**AREA MANAGEMENT EVALUATION  
UNIFORM AND EQUIPMENT INSPECTION**

CHP 453K (Rev. 5-06) OPI 009

AREA Mt. Shasta	DIVISION Northern	NUMBER 02
EVALUATED BY D. K. Hahn		DATE 06/11/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY	
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW <i>[Signature]</i> <i>ALCHURIS</i>	
		DATE 6/12/08	

**1. PERSONNEL INSPECTION**

EVALUATED X	ACTION REQUIRED No	CORRECTED
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a. Do employees maintain a high standard of appearance? ☒ Yes    ☐ No

b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes    ☐ No

**2. WEAPONS INSPECTION**

EVALUATED	ACTION REQUIRED	CORRECTED
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a. Are primary weapons inspected annually? ☐ Yes    ☐ No

(1) Are deficiencies corrected within 30 days? ☐ Yes    ☐ No

(2) Are temporary replacement weapons readily available from Division? ☐ Yes    ☐ No

(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property? ☐ Yes    ☐ No

b. Is there a record maintained on employees authorized to carry secondary weapons? ☐ Yes    ☐ No

(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? ☐ Yes    ☐ No

c. Are serial numbers physically verified by the commander or his/her designee every year? ☐ Yes    ☐ No

(1) When was the last audit conducted?

(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year? ☐ Yes    ☐ No

All officers and sergeants had superb uniform and grooming for this inspection. There were no discrepancies to be corrected.

The items in Section 2 will be evaluated during the annual Chapter 17 Inspection later in the year.

**Department of California Highway Patrol**  
**AREA MANAGEMENT EVALUATION**  
 Chapter 10  
 UNIFORM AND EQUIPMENT INSPECTION

Area  
Cottonwood  
I. F.

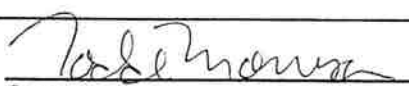
Division  
Northern

Number  
131

Evaluated By Lt. Todd Morrison

Date 8/25/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.


Type of Evaluation <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal		Suspense Date	
Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report by _____	 8-25-08 Commander's Review Date	
<b>1. PERSONNEL INSPECTION</b>		Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Do employees maintain a high standard of appearance?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Conduct a formal inspection (Annex B).			
(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. WEAPONS INSPECTION</b>		Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Are primary weapons inspected semi-annually?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Are deficiencies corrected within 30 days?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Are temporary replacement weapons readily available from Division?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Are all weapons listed on CHP 4 or CHP 81?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is there a record maintained on employees authorized to carry off-duty and secondary weapons?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Are weapons inspected on initial approval to carry, and annually on CHP 311?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Are officers demonstrating proficiency with weapons as required?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Are serial numbers physically verified by the commander or his/her designee every other year?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(1) When was the last audit conducted? May 8, 2007*			
(2) Was the printout returned to the Academy Weapons Control Unit by April 15 of the inventoried year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**COMMENTS** \*The weapons audit wasn't due to the Academy until May 31, 2007, not April 15<sup>th</sup>. The next weapons audit is due to the Academy Weapons Control Unit by October 15, 2008.

11-12-08

AREA	DIVISION	NUMBER
146	Northern	01-146-10044
EVALUATED BY		DATE
Assistant Chief Hahn/ Chief Jenkins		10/14/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report  BY _____	COMMANDER'S REVIEW 
			DATE 10/18/00

## 1. PERSONNEL INSPECTION

- a. Do employees maintain a high standard of appearance? ☒ Yes ☐ No
- b. Conduct a formal inspection (Annex A).

- (1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes ☐ No

## 2. WEAPONS INSPECTION

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Are primary weapons inspected annually?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are deficiencies corrected within 30 days?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are temporary replacement weapons readily available from Division?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is there a record maintained on employees authorized to carry secondary weapons?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Are serial numbers physically verified by the commander or his/her designee every year?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) When was the last audit conducted?   |                              |                             |
| (2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

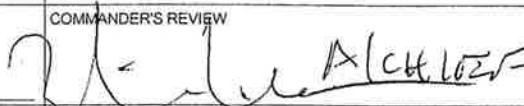
The inspection was conducted by Chief Jenkins and Assistant Chief Hahn. All uniformed employees displayed outstanding grooming and appearance. No follow-up is required. The items in Section 2 will be conducted by Division training staff during the Area's scheduled Chapter 17 Inspection.

**AREA MANAGEMENT EVALUATION  
UNIFORM AND EQUIPMENT INSPECTION**

CHP 453K (Rev. 5-06) OPI 009

AREA 140	DIVISION Northern	NUMBER 01-140-10044
EVALUATED BY D. K. Hahn		DATE 10/07/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  DATE 10/18/09	
BY _____ <input type="checkbox"/> Correction Report		EVALUATED	ACTION REQUIRED
<b>1. PERSONNEL INSPECTION</b>		CORRECTED	

a. Do employees maintain a high standard of appearance? ☒ Yes    ☐ No

b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes    ☐ No

<b>2. WEAPONS INSPECTION</b>	EVALUATED	ACTION REQUIRED	CORRECTED
a. Are primary weapons inspected annually?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are deficiencies corrected within 30 days?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are temporary replacement weapons readily available from Division?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there a record maintained on employees authorized to carry secondary weapons?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections?			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are serial numbers physically verified by the commander or his/her designee every year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) When was the last audit conducted?			
(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year?			<input type="checkbox"/> Yes <input type="checkbox"/> No


All uniformed employees displayed exceptional grooming and appearance. No follow-up is required. The items in Section 2 will be conducted by Division training staff during the Area's scheduled Chapter 17 Inspection.

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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**UNIFORM AND EQUIPMENT INSPECTION**  
CHP 453K (Rev. 5-06) OPI 009

AREA 130 R.B.	DIVISION Northern Division	NUMBER 101-130-10044
EVALUATED BY Assistant Chief D. K. Hahn		DATE 11/10/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 12/10/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 11-11-2009
BY 12/15/09		EVALUATED	ACTION REQUIRED
<b>1. PERSONNEL INSPECTION</b>			CORRECTED

a. Do employees maintain a high standard of appearance? ☒ Yes    ☐ No

b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes    ☐ No

<b>2. WEAPONS INSPECTION</b>	EVALUATED No	ACTION REQUIRED	CORRECTED
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a. Are primary weapons inspected annually? ☐ Yes    ☐ No

(1) Are deficiencies corrected within 30 days? ☐ Yes    ☐ No

(2) Are temporary replacement weapons readily available from Division? ☐ Yes    ☐ No

(3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property? ☐ Yes    ☐ No

b. Is there a record maintained on employees authorized to carry secondary weapons? ☐ Yes    ☐ No

(1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? ☐ Yes    ☐ No

c. Are serial numbers physically verified by the commander or his/her designee every year? ☐ Yes    ☐ No

(1) When was the last audit conducted?

(2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year? ☐ Yes    ☐ No

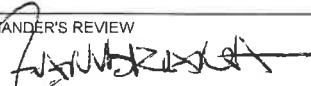
All officers and sergeants displayed exceptional uniform and appearance. Several officers need to update the service stripes on their dress jackets. This will be accomplished no later than 12/10/09.

The items in Section 2 will be evaluated during the annual Chapter 17 Inspection at a later date.



AREA Cottonwood I.F.	DIVISION Northern	NUMBER 131
EVALUATED BY Sergeant Zambrana, #12435 A/C		DATE 09/17/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____ COMMANDER'S REVIEW  Vince Zambrana, #12435	DATE 09/17/2009

### 1. PERSONNEL INSPECTION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
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- a. Do employees maintain a high standard of appearance? ☒ Yes    ☐ No
- b. Conduct a formal inspection (Annex A).

(1) Are officers familiar with the positions of attention, parade rest, and the execution of inspection arms? ☒ Yes    ☐ No

### 2. WEAPONS INSPECTION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
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- a. Are primary weapons inspected annually? ☒ Yes    ☐ No
- (1) Are deficiencies corrected within 30 days? ☒ Yes    ☐ No
- (2) Are temporary replacement weapons readily available from Division? ☒ Yes    ☐ No
- (3) Are all weapons listed on CHP 4, Firearms Report, or CHP 81, Receipt of State Property? ☒ Yes    ☐ No
- b. Is there a record maintained on employees authorized to carry secondary weapons? ☒ Yes    ☐ No
- (1) Are weapons inspected on initial approval to carry, and annually on CHP 311, Annual Safety and Protection Equipment Inspections? ☒ Yes    ☐ No
- c. Are serial numbers physically verified by the commander or his/her designee every year? ☒ Yes    ☐ No
- (1) When was the last audit conducted? March 2009
- (2) Was the printout returned to the Academy Weapons Control Unit by April 30 of the inventoried year? ☒ Yes    ☐ No